and only 5.04% had their blood pressure controlled. Multivariate logistic regression showed that among all the hypertensive subjects, old age (OR=1.68 ,95%CI=1.50-1.88), female (OR=1.55 ,95%CI=1.25-1.92), knowing the threshold of hypertension (OR=4.20,95%CI=3.29-5.36), knowing hypertension needs the lifelong treatment (OR= 3.23,95% CI=2.62-4.42), and measuring blood pressure at least once a year (OR=3.40 ,95%CI=2.62-4.42) were associated with higher rate awareness of hypertension. Old age(OR=2.11,95%CI=1.85-2.40), female(OR=1.79 ,95% CI=1.41-2.28) knowing the threshold of hypertension (OR=3.45,95% CI=2.66-4.48), knowing hypertension needs the lifelong treatment (OR=5.21,95%CI=4.06-6.71), and measuring blood pressure at least once a year (OR=4.54 ,95%CI=3.24-6.36) were associated with higher treatment of hypertension. Measuring blood pressure at least once a year (OR=4.3, 95%CI=2.07-9.11) and knowing hypertension needs lifelong treatment (OR=2.11, 95%CI=1.39-3.21) were associated with higher control rate.

CONCLUSIONS In rural areas of southern China, hypertension related knowledge and behavior were associated with awareness, treatment and control rate of hypertension. Positive measures should be taken to raise more awareness about their hypertension status and encourage more compliance to regular treatment.

GW26-e3889

A Body Shape Index and Body Roundness Index: Two new body indices to identify hypertension among rural populations in northeast China

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OBJECTIVES The Body Mass Index (BMI), waist circumference (WC) and waist-to-height ratio (WHtR) have long been used as anthropometric measurements. Recently, two new anthropometric indices, the A Body Shape Index (ABSI) and Body Roundness Index (BRI) have been developed as possible improved alternatives to BMI and WC. So our study was to access whether ABSI and BRI were superior to BMI, WC, and WHtR for predicting the presence of hypertension.

METHODS This cross-sectional study was conducted in the rural areas of northeast China from January 2012 to August 2013, including 5253 men and 6092 women.

RESULTS Linear regression analysis showed that all the five anthropometric measures were positively correlated with both systemic blood pressure and diastolic blood pressure. ABSI showed the lowest AUCs for hypertension in both sexes (AUC: 0.595, 95% CI: 0.579-0.610 for men and AUC: 0.593, 95% CI: 0.579-0.607 for women), while BRI had the highest AUCs for hypertension (AUC: 0.653, 95% CI: 0.638-0.668 for men and AUC: 0.683, 95% CI: 0.670-0.697 for women). Multivariate logistic regression analysis showed that ABSI had the lowest predictive power for hypertension in both sexes, while BRI was a better predictor compared to BMI and WC (OR: 4.62, 95% CI: 3.76-5.67 for men and OR: 5.51, 95% CI: 4.64-6.56 for women).

CONCLUSIONS Our results showed BRI instead of ABSI was superior to BMI, WC, and WHtR for predicting the presence of hypertension. ABSI showed the weakest predictive ability, while BRI showed potential for use as an alternative obesity measure in assessment of hypertension.

GW26-e4692

A multi-center study on the therapeutic status of patients with acute myocardial infarction in Wuxi City, China

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OBJECTIVES To study the characteristics and therapeutic outcomes of 1714 AMI patients in Wuxi City and provide a theoretical basis for improvement of AMI treatment strategies in Wuxi City, China.

METHODS A standard questionnaire was used to obtain information about 1714 AMI patients who were admitted to 9 designated hospitals between 2011 and 2012, and included 1410 patients with acute ST-segment elevation myocardial infarction (STEMI) and 304 patients with acute non-ST-segment elevation myocardial infarction (NSTEMI). The characteristics and therapeutic outcomes of the two types of AMI patients were analyzed, and the effects of pharmacologic therapy, treatment time, and reperfusion therapy on the incidence of major cardiovascular events (MACE) and all-cause mortality in the hospital were determined. The results showed that patients who had an AMI in the hospital experienced the shortest treatment delay, followed by patients who were transported to the hospital by ambulance, then patients who were transported to the hospital by private vehicle.

RESULTS a > 12-h treatment delay was associated with higher all-cause mortality during hospitalization, more frequent cardiovascular events, and a lower achievement ratio of reperfusion. A small proportion of AMI patients in Wuxi City underwent reperfusion, including primary PCI and thrombolytic therapy. There were differences in the incidences of MACE and all-cause mortality among the primary PCI, thrombolytic therapy, and early conservative medication groups. Specifically, the incidences of MACE and all-cause mortality during the hospital stay were lowest in the primary PCI group and highest in the early conservative treatment group.

CONCLUSIONS (1) Drug treatments of AMI have been canonically given according to the guide. A lower proportion of AMI patients in Wuxi receive reperfusion including primary PCI and thrombolytic therapy.

(2) Patients who got AMI consume more time out of hospital. AMI patients who went to hospital by "120"ambulances consume less time out of hospital.

(3) All-cause mortality and MACE in the primary PCI group was lowest.

By reducing the traditional risk factors of AMI, shortening the treatment time, increasing the usage rate of primary PCI and thrombolytic therapy, the treatment of patients with AMI in Wuxi City can be improved greatly in the future.

GW26-e3892

A Body Shape Index and Body Roundness Index: Two new body indices to identify dyslipidemia among rural populations in northeast China

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OBJECTIVES The body mass index (BMI), waist circumference (WC) and waist-to-height ratio (WHtR) have long been used as anthropometric measurements. Recently, two new anthropometric indices, the A Body Shape Index (ABSI) and Body Roundness Index (BRI) have been developed as possible improved alternatives to BMI and WC.

METHODS This cross-sectional study was conducted in the rural areas of northeast China from January 2012 to August 2013, and the final analysis included data obtained form 5253 men and 6092 women. The demographic characteristics and serum metabolism indices were accessed.

RESULTS with serum lipid parameters (except for HDL) in both sexes. The results of ROC curve and multiple regression analysis showed that ABSI had the lowest predictive power for dyslipidemia in both sex categories. BRI (AUC: 0.650, 95% CI: 0.635-0.655 for men; AUC: 0.645, 95% CI: 0.631-0.659 for women; OR: 4.06, 95% CI: 3.36-4.92 for men; OR: 4.25, 95% CI: 3.52-5.13 for women;) had a slightly lower predictive power for dyslipidemia to WHtR and WC, while showed more powerful predictive ability for dyslipidemia compared to ABSI.

CONCLUSIONS We indicated that both ABSI and BRI were not superior measures compared to BMI, WC and WHtR to determine the presence of dyslipidemia. ABSI showed the weakest predictive ability while BRI might be used as an alternative obesity measure for assessing dyslipidemia.

GW26-e2431

Correlation Between OSAS-related Hypertension and hs-CRP: a systematic review

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OBJECTIVES Obstructive Sleep Apnea Syndrome (OSAS) is highly relevant to patients with hypertension, which is the independent risk factor for hypertension. Ongoing inflammatory responses play an important role in this association. There are conflicting results for the association between obstructive sleep apnea and elevated CRP levels. Most studies evaluating OSAS-related hypertensive patients have found higher level of CRP in patients with OSAS, compared with hypertensive controls. A number of other studies have not found this relation; instead, they found obesity, rather than sleep apnea, to be the key predictor of elevated CRP among OSA-related hypertensive patients. The aim of this study was to assess the correlation between high sensitive C-reactive protein (hs-CRP) and OSAS-related hypertension.